

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10535424 FILING DATE 5-19-05
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3						
4		1				
5		2				
6		1				
7		3				
8		1				
9		1				
10		1				
11		1				
12						
13		1				
14		2				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		2				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
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36		1				
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48						
49						
50						
TOTAL IND.	6		↓		↓	↓
TOTAL DEP.	33	↔	↔	↔	↔	↔
TOTAL CLAIMS	39					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS						